

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

383 - 941

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>34</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>34</i> minus 20=	* <i>14</i>
INDEPENDENT CLAIMS	<i>9</i> minus 3 =	* <i>6</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY  
TYPE

RATE	Fee
BASIC FEE	370.00
X\$ 9=	<i>126</i>
X42=	<i>252</i>
+140=	
TOTAL	<i>748</i>

OTHER THAN  
OR SMALL ENTITY

RATE	Fee
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

OTHER THAN  
SMALL ENTITY OR

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X\$ 9=		X\$18=	
Independent	X42=		X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>	+140=		+280=	
	TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

P.R.T.A.M.B.I.E.C.O.P.Y

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT B	RATE	ADDITIONAL FEE
Total	X\$ 9=	
Independent	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>	+140=	
	TOTAL ADDIT. FEE	

AMENDMENT B	RATE	ADDITIONAL FEE
Total	X\$18=	
Independent	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>	+280=	
	TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

AMENDMENT C	RATE	ADDITIONAL FEE
Total	X\$ 9=	
Independent	X42=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>	+140=	
	TOTAL ADDIT. FEE	

AMENDMENT C	RATE	ADDITIONAL FEE
Total	X\$18=	
Independent	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>	+280=	
	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.